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HDP/SB/21 based on PTO/SB/21 (08-00)

12/14
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/054,261
Filing Date	January 21, 2002
First Named Inventor	Mark D. LATUNSKI et al.
Group Art Unit	1714
Examiner Name	Shosho
Total Number of Pages in This Submission	Attorney Docket Number 5898-000190

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Terminal Disclaimer	Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name Anna M. Budde	Reg. No. 35,085
Signature	<i>Anna M. Budde</i>		
Date	December 4, 2003		

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Director of the U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below.

Typed or printed name	Anna M. Budde
Signature	<i>Anna M. Budde</i>
Date	December 4, 2003

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O I P E
 DEC 10 2003
FEE TRANSMITTAL
for FY 2004

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 110)*Complete if Known*

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Filing Date	January 21, 2002
First Named Inventor	Mark D. LATUNSKI et al.
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Art Unit	1714
Attorney Docket No.	5898-000190

METHOD OF PAYMENT (check all that apply)
 Check Credit card Money Other None Order
 Deposit Account:

Deposit Account Number 08-0750

Deposit Account Name Harness, Dickey & Pierce, P.L.C.

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
 FEE CALCULATION**1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1001	2001	770	385
1002	2002	340	170
1003	2003	530	265
1004	2004	770	385
1005	2005	160	80
SUBTOTAL (1)		(\$ 0)	

2. EXTRA CLAIM FEES

Total Claims	-20 **	=	0	X	Fee from below	=	0	Fee Paid
Independent Claims	-3 **	=	0	X		=	0	
Multiple Dependent				X		=	0	

Large Entity

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee (\$)
1202	2202	18
1201	2201	86
1203	2203	290
1204	2204	86
1205	2205	18
SUBTOTAL (2)		(\$ 0)

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1051	2051	130	65
1052	2052	50	25
1053	1053	130	Surcharge - late filing fee or oath
1812	1812	2,520	Surcharge - late provisional filing fee or cover sheet.
1804	1804	920*	Non-English specification
1805	1805	1,840*	For filing a request for reexamination
1251	2251	110	Requesting publication of SIR prior to Examiner action
1252	2252	420	Requesting publication of SIR after Examiner action
1253	2253	950	Extension for reply within first month
1254	2254	1,480	Extension for reply within second month
1255	2255	2,010	Extension for reply within third month
1401	2401	330	Extension for reply within fourth month
1402	2402	330	Notice of Appeal
1403	2403	290	Filing a brief in support of an appeal
1451	1451	1,510	Request for oral hearing
1452	2452	110	Petition to institute a public use proceeding
1453	2453	1,330	Petition to revive – unavoidable
1501	2501	1,330	Petition to revive – unintentional
1502	2502	480	Utility issue fee (or reissue)
1503	2503	640	Design issue fee
1460	1460	130	Plant issue fee
1807	1807	50	Petitions to the Commissioner
1806	1806	180	Processing fee under 37 CFR 1.17 (q)
8021	8021	40	Submission of Information Disclosure Stmt
1809	2809	770	Recording each patent assignment per property (times number of properties)
1810	2810	770	Filing a submission after final rejection (37 CFR § 1.129(a))
1801	2801	770	For each additional invention to be examined (37 CFR § 1.129(b))
1802	1802	900	Request for Continued Examination (RCE)
Other fee (specify) <u>Terminal Disclaimer</u>		110	

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 110)

SUBMITTED BY*Complete (if applicable)*

Name (Print/Type)	Anna M. Budde	Registration No. Attorney/Agent)	35,085	Telephone	(248) 641-1600
Signature	<i>Anna M. Budde</i>		Date	December 4, 2003	

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